# Exhibit 3 (Part 7)

FROM : A-Z VIDEO FAX NO. : 7322704287 Jul. 21 2009 02:43PM P1

# FAX

To: Sherry Terry
Fax: 518-880-6610

# of pages including cover sheet 3
Date: 07/21/09

From: Ralph Van Deventer
Phone: [redacted]
Cell: [redacted]

Re: Case # 74518

Dear Sherry,

As mentioned in my earlier fax dated today, attached is a copy of my procedure on 07/17/09 at the pain management office for my 2nd round of facet blocking epidoral shots. This entailed 4 shots as outlined. To date I have had 11 injections.

If there are any questions or you need anything else, please let me know. You can contact me at the above phone numbers. Thank you.

Sincerely,

cc: W. Wilkinson

received on 7/21/2009 1:53:18 PM [Eastern Daylight Time]

# FAX

To: Sherry Terry
Fax: 518-880-6610

# of pages including cover sheet / 7
Date: 07/21/09

From: Ralph Van Deventer
Phone [redacted]
Cell [redacted]

Re: Case # 74518

Dear Sherry,

Please find in this fax copies of medical documents that were requested. Included are:
1. Out of work Dr. note.
2. Dr. office appointment notes.
3. Emergency room documents.
4. Physical Therapy reports.

Following shortly will be documents from the Pain Management group from last week's appointment. It comprised of another 4 injections in the lumbar section of my back. Also to follow will be documents from my Neurologist appointment that is scheduled for tomorrow.

Since the last time of supplying information, my condition has worsened causing relentless headaches that causes nausea/vomiting. This was discussed with my orthopedic surgeon. Although he and I believe that this is stemming from my cervical problems, he wanted to rule out the possibility that it may be originating with my head and wanted me to see a neurologist, which I have scheduled an appointment for tomorrow. In the meantime, it was so severe that I had to go to the hospital. A CT scan was performed without any indication of bleeding or masses. The ER physician said that the CT scan is a good screening tool, but to follow up with a neurologist and get an MRI, which would be a definitive procedure.

I was on vacation last week (if that is what it can be called) so that I could rest my back and neck and go to my medical appointments with my surgeon and pain management, not to mention the hospital ER. I received the appointment letters from Reed Group for an FCE and IME, which I will keep the appointments.

I have been speaking frequently with Bill Wilkinson at J&J Corporate to let him know of my decline and struggles, and as of yesterday, I could no longer continue to work. It has become evident to him, myself and those that work with me that I cannot continue. So it

was a sad day yesterday for me to walk out of work after 20 years. I am now faced with no job.

Although I have benefits to continue seeking medical help, I must now wait for the Reed Group to make its determination on LTD. Bill stated that he will request that the FCE and IME reports be submitted to you in an expeditious manner in order to expedite your review process. I ask that this be done quickly since my medical condition and status has now has become a financial burden. I cannot financially afford this with a family of wife and 4 children (3 of which are special needs), and I cannot medically afford to keep working.

I should have never returned to work. I may or may not have experienced my neck problems if I was out of work, but since I did return, it just brought it out quicker. If I injure myself while driving, that is one thing, but if someone else is injured, then it is a totally different problem. I expressed this to you before and now to Bill. It causes much anxiety every time I get in the car. So I ask that you give this a priority review.

If there are any questions or you need anything else beside what will follow, please let me know and I will make sure you will receive it. You can contact me at the above phone numbers. Thank you.

Sincerely,

cc: W. Wilkinson

IRVING D. STROUSE, M.D., P.A.
DIPLOMATE AMERICAN BOARD OF ORTHOPEDIC SURGERY

279 THIRD AVENUE, SUITE 504
LONG BRANCH, N.J. 07740
TELEPHONE 732-229-4333
FAX 732-571-1937

June 11, 2009

To Whom It May Concern:

Ralph Vandeventer is under my care for cervical disc degeneration and herniation in both the cervical and lumbar spine. He also underwent arthroscopic surgery of his right knee in June 2005 and has been treated for Achilles tendinitis of his left heel.

Please be advised because of all of these medical conditions, I consider him to be a candidate for long term disability.

Very truly yours,

Irving D. Strouse, M.D.

IDS:pb

# EXCUSE SLIP

**IRVING D. STROUSE, M.D., P.A.**
*Diplomate American Board of Orthopedic Surgery*
279 Third Avenue, Suite 504
Long Branch, New Jersey 07740
(732) 229-4333

Date: 7-17-09

To Whom It May Concern: Ralph LaMonteur is under my care.

He / She:

- [x] Was seen in my office today for a necessary appointment.
- [ ] Please excuse for being tardy to: school work

*DIAGNOSIS (FOR ALL MARKED SELECTIONS BELOW):* Degenerative Disc Disease, Cervical 722.4 Lumbar Spine

- [ ] Please excuse for being absent from school / work on _____ to _____
- [ ] Is released to return to school on _____.
- [ ] Is released to return to work on _____.

Full Duty Light Duty

- [ ] Is / Is not able to participate in the physical education program at school.
- [ ] Is not able to participate in _____
- [ ] Surgery is scheduled for _____ and patient may return to school / work after _____ weeks.

Type of surgery to be performed: _____

- [x] RESTRICTIONS: Remain out of work as of 7-21-09 till further notice
- [ ] OTHER: _____

IRVING D. STROUSE, M.D., P.A.

(SIGNATURE)

**RALPH VANDEVENTER**

**DOB** [redacted]

7-14-09

**HISTORY:** Patient still has difficulty in his neck and back. He has disc disease in both areas with degeneration and herniation. He presently is working but is seeking permanent disability. There is no change in his neurologic status.

**PLAN:** I am restarting his physical therapy.

**RETURN:** 1 month

**IDS:pb**

Community Medical Center - ER Report
An Affliliate of the St Barnabas Health Care System

Patient Name: RALPH VANDEVENTER
MRN: 351900
Acctno: 1003544998

** This Note was digitally signed by Dr. Roomi on 07/15/2009 @ 19:47 **

Diagnosis 1: ACUTE HEADACHE.
Diagnosis 2:
Diagnosis 3:
Condition on discharge: STABLE

TRIAGE NOTES:
PATIENT HAS HAD HEADACHES X 5 WEEKS, SEEMED TO COME AT THE SAME TIME AS A NECK INJURY. WAS SEEN YESTERDAY BY A ORTHOPOD WHO TOLD HIM THEY MIGHT NOT BE RELATED TO NECK INJURY. INSTRUCTED TO FOLLOW UP WITH NEUROLOGIST. SISTER PASSED AWAY FROM BRAIN TUM OR SO PATIENT DOES NOT WANT TO WAIT UNTIL SEPTEMBER TO SEE NEUROLOGIST. PATIENT HAS NAUSEA ALONG WITH HEDACHE AT PRESENT.
HX LOWER BACK PROBLEMS.

PRESENTING PROBLEM: Headache

Initial considerations based on the presenting problem include but are not limited to: Cephalalgia due to: Muscle contraction, vascular disorder, infection, hypertension; intracranial hemorrhage, tumor or increased pressure; carbon monoxide; caffeine withdrawal.

HISTORY OF PRESENT ILLNESS: Ralph Vandeventer is a 50-year-old male who reports 6 week hx of graduiak onset headaches desribed as intremittent right sided moderat eto sveer sharppain behind right eye with no asscoaited neruo symptoms. Headaches no worse in te ast few days Patient schedule to see neurologits in a few weeks, he was concerned becuase both sisters had brain aneurysms, . Otherwise: (-) fever, (-) trauma, (-) subjective neurologic symptoms. enies any exacerbating or releiving symptoms.

PMD: Camiscoli
REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) fever. HENT: (-) congestion. Respiratory: (-) cough. Cardiovascular: (-) chest pain. GI: (-) abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (-) other aches or pains. Endocrine: (-) generalized weakness. Neurological: (-) prior localized weakness. Psychiatric: (-) emotional stress.

PAST MEDICAL HISTORY: back probelam
FAMILY HISTORY: (-) known inherited disease
SOCIAL HISTORY: (-) smoking .
MEDICATIONS: Per nurse's note, reviewed by me : SKELAXIN, MOTRIN
ALLERGIES: Per nurse's note, reviewed by me : NKA

PHYSICAL EXAMINATION:
GENERALIZED APPEARANCE: Patient is alert, and in moderate distress.
VITAL SIGNS: Per nurse's note, reviewed by me : Temp: 97.6 F Oral, Pulse: 85 Radial, Resp: 18 Normal, BP: 124/77, Pulse ox: 94% Room Air
SKIN: Warm, dry; (-) cyanosis; (-) rash.
HEAD: (-) scalp swelling or tenderness, (-) temporal artery tenderness.
EYES: (-) conjunctival pallor, (-) scleral icterus.
ENMT: (-) sinus tenderness; mucous membranes moist.
NECK: (-) tenderness, (-) stiffness, (-) meningismus, (-) lymphadenopathy.
CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.
HEART AND CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.
ABDOMEN AND GI: Soft; (-) tenderness.
EXTREMITIES: (-) deformity.
NEURO AND PSYCH: Mental status as above. CNs: Pupils reactive; EOMI; (-) facial asymmetry; tongue and uvula midline. Strength and DTRs symmetric. Babinski normal bilaterally.

CT scan of head with and without contrast as read by DR Kravetz , results no acute fidnigs .

EMERGENCY DEPARTMENT COURSE AND TREATMENT: Patient's condition stable during Emergency Department evaluation.

labs otedbc comp wnl

ct head no acute findings

19^40. repeat neuro exam wnl.

advised on use pai mes
advised on follow up

Patient was assessed for any signs or symptoms of abuse, including bruises in various stages of development. Patient and visitors were observed for any suspicious behavior consistent with victim abuse.

PLAN AND FOLLOW-UP: Patient received written and verbal instructions regarding this condition. Follow up to be arranged by patient with pmd or neruologist within 3 days for further evaluation. Return to the ED for increased headache, vomiting, fever, rash, weakness.
Rx written:
The patient will be discharged home. They are to follow-up with their own doctor or the referral doctor listed on DC instructions in the time frame as stated. At the time of discharge the patient is stable. Verbal instructions given to the patient/family.

07/15/2009
19:47

Community Medical Center
99 Highway 37 West

732-557-8000



# Physician Notes

Patient Name: VANDEVENTER, RALPH Date of Service: 07/15/2009 ED Physician: Roomi
Date of Birth: [redacted] Age: [redacted]Yrs Sex: M Chart #: 1003544998 PMD: Camiscoli

TRIAGE NOTES:
PATIENT HAS HAD HEADACHES X 5 WEEKS, SEEMED TO COME AT THE SAME TIME AS A NECK INJURY. WAS SEEN YESTERDAY BY A ORTHOPOD WHO TOLD HIM THEY MIGHT NOT BE RELATED TO NECK INJURY. INSTRUCTED TO FOLLOW UP WITH NEUROLOGIST. SISTER PASSED AWAY FROM BRAIN TUM OR SO PATIENT DOES NOT WANT TO WAIT UNTIL SEPTEMBER TO SEE NEUROLOGIST. PATIENT HAS NAUSEA ALONG WITH HEDACHE AT PRESENT. HX LOWER BACK PROBLEMS.

PRESENTING PROBLEM: Headache

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ALLERGIES: Per nurse's note, reviewed by me : NKA

PHYSICAL EXAMINATION:
GENERALIZED APPEARANCE: Patient is alert, and in moderate distress.
VITAL SIGNS: Per nurse's note, reviewed by me : Temp: 97.6 F Oral, Pulse: 85 Radial, Resp: 18 Normal, BP: 124/77, Pulse ox: 94% Room Air
SKIN: Warm, dry; (-) cyanosis; (-) rash.
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NECK: (-) tenderness, (-) stiffness, (-) meningismus, (-) lymphadenopathy.
CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.
HEART AND CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.
ABDOMEN AND GI: Soft; (-) tenderness.
EXTREMITIES: (-) deformity.
NEURO AND PSYCH: Mental status as above. CNs: Pupils reactive; EOMI; (-) facial asymmetry; tongue and uvula midline.

07/15/2009
19:47

Community Medical Center
99 Highway 37 West

732-557-8000



# Physician Notes

Patient Name: VANDEVENTER, RALPH Date of Service: 07/15/2009 ED Physician: Rooml
Date of Birth: [redacted] Age: [redacted]rs Sex: M Chart #: 1003544998 PMD: Camiscoli

Strength and DTRs symmetric. Babinski normal bilaterally.

DIAGNOSTICS:

| Test | Result | Flag | Unit | Ref. Range | Status |
|---|---|---|---|---|---|
| WBC | 7.3 | | THO/CMM | (4.8-10.8) | Final |
| RBC | 5.05 | | MIL/CMM | (4.70-6.00) | Final |
| Hemoglobin | 14.9 | | G/DL | (14.0-18.0) | Final |
| Hematocrit | 44.7 | | % | (42.0-52.0) | Final |
| MCV | 88.5 | | fl | (80.0-94.0) | Final |
| MCH | 29.5 | | PG | (27.0-31.0) | Final |
| MCHC | 33.3 | | G/DL | (32.0-36.0) | Final |
| RDW | 13.7 | | % | (11.5-14.0) | Final |
| Platelet Cou | 265 | | THO/CMM | (130-400) | Final |
| MPV | 7.0 | L | FL | (7.4-10.4) | Final |
| Segmented ne | 66 | | % | (36-66) | Final |
| Lymphocytes | 24 | | % | (24-44) | Final |
| Monocytes | 8 | | % | (4-8) | Final |
| Eosinophils | 1 | | % | (0-4) | Final |
| Basophils | 1 | | % | (0-3) | Final |
| Absolute neu | 4.8 | | THO/CMM | (1.5-6.6) | Final |
| Absolute lym | 1.8 | | THO/CMM | (1.5-3.5) | Final |
| Absolute mon | 0.6 | | THO/CMM | (0.1-0.6) | Final |
| Absolute eos | 0.1 | | THO/CMM | (0-0.7) | Final |
| Absolute bas | 0.0 | | THO/CMM | (0-0.2) | Final |

| Test | Result | Flag | Unit | Ref. Range | Status |
|---|---|---|---|---|---|
| Glucose | 97 | | MG/DL | (70-99) | Final |
| BUN | 11 | | MG/DL | (6-30) | Final |
| Creatinine | 0.8 | | MG/DL | (0.6-1.4) | Final |
| Sodium | 138 | | MMOL/L | (134-145) | Final |
| Potassium | 3.7 | | MMOL/L | (3.4-5.2) | Final |
| Chloride | 104 | | MMOL/L | (94-111) | Final |
| CO2 | 28 | | MMOL/L | (21-31) | Final |
| Calcium | 9.0 | | MG/DL | (8.5-10.1) | Final |
| Total Protei | 7.3 | | G/DL | (6.1-7.9) | Final |
| Albumin | 4.2 | | G/DL | (3.4-5.1) | Final |
| Bilirubin,To | 0.8 | | MG/DL | (0.3-1.2) | Final |
| GOT | 23 | | IU/L | (15-41) | Final |
| Alk. Phospha | 46 | | IU/L | (42-133) | Final |
| GPT | 23 | | U/L | (7-40) | Final |
| GFR WHITE | >60 | | ml/min/1.7 | (>60) | Final |

GFR WHITE Calculation assumes a body surface area of 1.73 sq

07/15/2009
19:47

Community Medical Center
99 Highway 37 West



732-557-8000

# Physician Notes

Patient Name: VANDEVENTER, RALPH Date of Service: 07/15/2009 ED Physician: Rooml
Date of Birth [redacted] Age [redacted] Yrs Sex: M Chart #: 1003544998 PMD: Camiscoli

meters. The calculated GFR is an estimate only,and is variable by age, race,and body mass. More accurate studies should be used for treatment purposes.

GFR BLACK >60 (>60) Final

PATIENT TAKING METFORMIN: ----------
PATIENT TAKING METFORMIN: ----------(Lab) End

CT scan of head with and without contrast as read by DR Kravetz , results no acute fidnigs .

EMERGENCY DEPARTMENT COURSE AND TREATMENT: Patient's condition stable during Emergency Department evaluation.

labs otedbc comp wnl

ct head no acute findings

19"40 repeat neuro exam wnl

advised on use pal mes
advised on follow up

Patient was assessed for any signs or symptoms of abuse, including bruises in various stages of development. Patient and visitors were observed for any suspicious behavior consistent with victim abuse.

PLAN AND FOLLOW-UP: Patient received written and verbal instructions regarding this condition. Follow up to be arranged by patient with pmd or neruologist within 3 days for further evaluation. Return to the ED for increased headache, vomiting, fever, rash, weakness.
Rx written: .
The patient will be discharged home. They are to follow-up with their own doctor or the referral doctor listed on DC Instructions in the time frame as stated. At the time of discharge the patient is stable. Verbal instructions given to the patient/family.

RX: ==========
Medication: Fioricet
Dosage: Tablets
Disp: # 20(twenty)
Sig: 1 to 2 Tabs PO every 4 hours to a maximum of 6 Tabs per day, do not drive or operate machinery or consume alcoholic beverages while on this medication

==========(RX) End

07/15/2009
19:47

Community Medical Center
99 Highway 37 West

732-557-8000



# Physician Notes

Patient Name: VANDEVENTER, RALPH Date of Service: 07/15/2009 ED Physician: Roomi
Date of Birth: [redacted] Age: [redacted]rs Sex: M Chart #: 1003544998 PMD: Camiscoli

Condition: STABLE

Diagnosis: ACUTE HEADACHE.

*** These notes were digitally signed by Adil Roomi MD on 07/15/2009 at 19:47:19

PA:

Physician: Adil Roomi MD

Heartland REHABILITATION SERVICES

222 OAK AVENUE SUITE 5
TOMS RIVER, NJ 08755
Ph: (732) 244-1995 Fx: (732) 505-3476

# PLAN OF CARE

| | | | |
|---|---|---|---|
| Patient Name: | VanDeventer, Ralph | Date of Birth: | [redacted] |
| Referring Physician: | Irving Strouse, M.D. | Date of Onset: | 05-01-09 |
| Referring Physician Fax: | (732) 571-1937 | POC From Date: | 06-08-09 |
| Diagnosis: | DISC DIS NEC/NOS-CERV | POC To Date: | 07-08-09 |

Problem Site(s): Cervical

***Short Term Goals***

Decrease soft tissue dysfunction

Independent with HEP

Demonstrate improved postural awareness

Improve cervical ROM

***Long Term Goals***

Cervical motion WFL to perform functional activities

Return to work without pain

**Assessment:**

The patient's rehabilitation potential is excellent. Patient's treatment today consisted of an IE, postural education, MH, US, STM and therapeutic exercise.

***Plan***

We will see the patient 3 times a week for 3 weeks. The treatment plan may consist of the following:

Hot Pack / Cold Pack -

Ultrasound -

Manual Therapy -

Therapeutic Exercise -

Massage -

The plan is to continue treatment as prescribed.

Thank you for your referral.

Clinician: Electronically Signed By Jamie Vallone, PT Date: 06-08-09
Lic: 40QA01055500

I certify that the above rehabilitative services are required and authorized by me. A qualified therapist will perform services and the patient's plan will be reviewed every thirty (30) days.

Physician: _____ Date: _____

Physician's Instructions:

☐ Continue Therapy ☐ Other: _____

Please sign the above authorization and return to:
HEARTLAND REHABILITATION SERVICES 222 OAK AVENUE SUITE 5 TOMS RIVER, NJ 08755
Fax: (732) 505-3476

Heartland
REHABILITATION SERVICES

222 OAK AVENUE SUITE 6
TOMS RIVER, NJ 08755
(732) 244-1995 Fax: (732) 505-3478

# INITIAL EVALUATION

June 8, 2009

Irving Strouse, M.D.
279 Third Ave. Suite 504
Long Branch, NJ 07740
Fax: (732) 571-1937

Re: VanDeventer, Ralph
Dx: DISC DIS NEC/NOS-CERV

DOB: [redacted]
DOI: 05-01-09

Recently you referred your patient, Ralph VanDeventer, a 50-year-old male, to our facility for treatment. Below, please find the results of the evaluation.

## *Subjective History*

Patient reports that he has been experiencing pain through the cervical spine with sleeping, sitting and turning his head with driving for the past month. Patient notes that he is also experiencing headaches.

The patient reports of 60% loss of function, 60% loss of motion/stiffness, 60% weakness, and moderate swelling. The patient reports pain in the right neck with a pain rating of 6/10 with medication. The pain is constant. The pain is increased in the morning, afternoon and evening and during activity, after activity, at work, after work, while sitting. The pain is described as aching and stabbing. The pain is relieved with medication, heat, and rest. The patient has difficulty finding a comfortable position to allow him to sleep. The patient reports taking the following types of medications: pain, NSAIDs, muscle relaxers.The patient's work status is full-time.

He has had the following diagnostic tests: MRI, X Ray. multi-level cervical spondylosis C4-C5 with mild cord compression He has seen the following specialists: Orthopedic Surgeon.

The patient reports that prior to this episode the patients functional status was: ADLs - 100%, Sports/Recreation - 100%, Work Activities - 100%. The patient reports that the patients current functional status is: ADLs - 50%, Sports/Recreation - 40%, Work Activities - 50%.

There are no contraindications / precautions at this time.

## *Objective Findings*

| | Region | Side | Initial | | Goal | Contralateral Joint |
|---|---|---|---|---|---|---|
| AROM Cervical Extension | Cervical | | 50% | | 80% | |
| AROM Cervical Flexion | Cervical | | 70% | | 90% | |
| AROM Cervical Rotation - right | Cervical | | 40% | | 70% | |
| AROM Cervical Sidebend - right | Cervical | | 20% | | 50% | |
| AROM cervical rotation - left | Cervical | | 30% | | 60% | |
| AROM cervical sidebend - left | Cervical | | 30% | | 60% | |
| MMT UE - WNL | Cervical | | Yes | | | |
| | Cervical | R | Severe | | Minimal | |
| | Cervical | | Yes | | No | |

Tenderness to palpation at the right upper trap and mid-scap region. Patient is right hand dominant.

### *Treatment*

| Exercise / Modality | Sets | Reps | Wts | Color | Dur | Comments |
|---|---|---|---|---|---|---|
| AROM Cervical Extension | 2 | 10 | | | 4 | |
| AROM Cervical Flexion | 2 | 10 | | | 4 | |
| AROM Cervical Rotation Left | 2 | 10 | | | 4 | |
| AROM Cervical Rotation Right | 2 | 10 | | | 4 | |
| Corner Stretch | 1 | 10 | | | 4 | |
| Moist Heat | | | | | 15 | cervical and thoracic spine supine |
| Postural Correction Exercises | 1 | 10 | | | 4 | |
| Postural Education | 1 | 10 | | | 4 | |
| Scapular Retraction | 2 | 10 | | | 4 | |
| Ultrasound | | | | | 8 | right upper trap and mid-scap region |
| Soft Tissue Massage | | | | | 8 | |

### *Assessment*

The patient's rehabilitation potential is excellent. Patient's treatment today consisted of an IE, postural education, MH, US, STM and therapeutic exercise.

| *Short Term Goals* | *Time Frame* |
|---|---|
| Improve cervical ROM | 2 Weeks |
| Demonstrate improved postural awareness | 2 Weeks |
| Decrease soft tissue dysfunction | 2 Weeks |
| Independent with HEP | 2 Weeks |

| *Long Term Goals* | *Time Frame* |
|---|---|
| Return to work without pain | 4 Weeks |
| Cervical motion WFL to perform functional activities | 4 Weeks |

### *Plan*

We will see the patient 3 times a week for 3 weeks. The treatment plan may consist of the following:

- Hot Pack / Cold Pack
- Ultrasound
- Manual Therapy
- Therapeutic Exercise
- Massage

The plan is to continue treatment as prescribed.

If you have any questions or concerns regarding the treatment program for Ralph please feel free to contact us. We will keep you informed of his progress. Thank you for this referral.

Regards,

Electronically Signed By
Jamie Vallone, PT
Lic: 40QA01055500

FROM : A-Z VIDEO FAX NO. : 7322704287 Jul. 21 2009 09:00AM P15
07/13/2009 11:53 7325711937 STROUSE/LOPANO PAGE 01

JUL 08 2009 18:11 FR HEARTLAND REHAB 732 505 3476 TO 17325711937 P.01/03

Heartland REHABILITATION SERVICES

222 OAK AVENUE SUITE 5
TOMS RIVER, NJ 08755
Ph: (732) 244-1995 Fx: (732) 505-3476

## PLAN OF CARE - RECERTIFICATION

| | | | |
|---|---|---|---|
| Patient Name: | VanDeventer, Ralph | Date of Birth: | [redacted] |
| Referring Physician: | Irving Strouse, M.D. | Date of Onset: | 05-01-09 |
| Referring Physician Fax: | (732) 571-1937 | POC From Date: | 06-08-09 |
| Diagnosis: | DISC DIS NEC/NOS-CERV | POC To Date: | 07-08-09 |

Problem Site(s): Cervical

***Short Term Goals***

Improve cervical ROM
Demonstrate improved postural awareness
Independent with HEP
Decrease soft tissue dysfunction

***Long Term Goals***

Return to work without pain
Cervical motion WFL to perform functional activities

**Assessment:**

The patient's rehabilitation potential is excellent. Patient presented with decreased pain following completion of today's treatment session. Slightly increased AROM. Little overall change in the patient's status. Patient is progressing slowly with PT treatment to date and is beginning to plateau with temporary relief presented following PT treatment, which returns later the same day. Patient would benefit from returning to MD. Patient's treatment today consisted of MH, U/S, STM and therapeutic exercise. Performed a re-evaluation of patient's status today.

***Plan***

We will see the patient 3 times a week for 3 weeks. The treatment plan may consist of the following:

Hot Pack / Cold Pack -
Ultrasound -
Manual Therapy -
Therapeutic Exercise -
Massage -

The plan is to continue treatment as prescribed.

Thank you for your referral.

Clinician: Electronically Signed By Jamie Vallone, PT Date: 07-08-09
Lic: 40QA01055500

I certify that the above rehabilitative services are required and authorized by me. A qualified therapist will perform services and the patient's plan will be reviewed every thirty (30) days.

Physician: _____ Date: 7/10/09

Physician's Instructions:

☐ Continue Therapy ☐ Other: _____

Please sign the above authorization and return to:
HEARTLAND REHABILITATION SERVICES 222 OAK AVENUE SUITE 5 TOMS RIVER, NJ 08755
Fax: (732) 505-3476

Heartland
REHABILITATION SERVICES

222 OAK AVENUE SUITE 5
TOMS RIVER, NJ 08755
(732) 244-1995 Fax: (732) 505-3476

# RE-EVALUATION REPORT

July 8, 2009

Irving Strouse, M.D.
279 Third Ave. Suite 504
Long Branch, NJ 07740
Fax: (732) 571-1937

Re: VanDeventer, Ralph DOB: [redacted]
Dx: DISC DIS NEC/NOS-CERV DOI: 05-01-09

Recently you referred your patient, Ralph VanDeventer, a 50-year-old male, to our facility for treatment. Below, please find the results of the re-evaluation. This patient has attended 8 out of 11 visits. The patient has cancelled or no showed 3 times.

## *Subjective History*

Patient reports that his only relief is after PT treatment. There is no long lasting relief with PT or HEP activities. He states that he applies MH a couple times a day at work. He reports that his head feels very heavy at the end of the day. Pain is in the R suboccipital and upper cervical mm. Compliance with the HEP activities is reported to be good.

## *Objective Findings*

| | Region | Side | Initial | Current | Goal | Contralateral Joint |
|---|---|---|---|---|---|---|
| AROM Cervical Extension | Cervical | | 50% | 60% | 80% | |
| AROM Cervical Flexion | Cervical | | 70% | 70% | 90% | |
| AROM Cervical Rotation - right | Cervical | | 40% | 40% | 70% | |
| AROM Cervical Sidebend - right | Cervical | | 20% | 30% | 50% | |
| AROM cervical rotation - left | Cervical | | 30% | 30% | 60% | |
| AROM cervical sidebend - left | Cervical | | 30% | 40% | 60% | |
| MMT UE - WNL | Cervical | | Yes | Yes | | |
| Point Tenderness | Cervical | R | Severe | Moderate | Minimal | |
| Postural Deviation | Cervical | | Yes | Yes | No | |

Tenderness to palpation at the right upper trap and mid-scap region. Patient is right hand dominant.

## *Treatment*

| Exercise / Modality | Sets | Reps | Wts | Color | Dur | Comments |
|---|---|---|---|---|---|---|
| AROM Cervical Extension | 2 | 10 | | | 3 | |
| AROM Cervical Flexion | 2 | 10 | | | 3 | |
| AROM Cervical Rotation Left | 2 | 10 | | | 3 | |
| | 2 | 10 | | | 3 | |

| Exercise / Modality | Sets | Reps | Wts | Color | Dur | Comments |
|---|---|---|---|---|---|---|
| Corner Stretch | 1 | 10 | | | 3 | |
| Moist Heat | | | | | 15 | cervical and thoracic spine supine |
| Scapular Retraction | 2 | 10 | | | 3 | |
| Ultrasound | | | | | 8 | right upper trap and mid-scap region |
| Soft Tissue Massage | | | | | 8 | |
| Isotonic Shoulder Abduction | 3 | 10 | 2 | | 3 | |
| Isotonic Shoulder Flexion | 3 | 10 | 2 | | 3 | |
| Machine Rowing | 3 | 10 | 4 KGS | | 3 | |

## *Assessment*

The patient's rehabilitation potential is excellent. Patient presented with decreased pain following completion of today's treatment session. Slightly increased AROM. Little overall change in the patient's status. Patient is progressing slowly with PT treatment to date and is beginning to plateau with temporary relief presented following PT treatment, which returns later the same day. Patient would benefit from returning to MD. Patient's treatment today consisted of MH, US, STM and therapeutic exercise. Performed a re-evaluation of patient's status today.

| *Short Term Goals* | *Body Part* | *Status* | *Time Frame* |
|---|---|---|---|
| Decrease soft tissue dysfunction | Cervical | Pending | 2 Weeks |
| Independent with HEP | Cervical | Met | 2 Weeks |
| Improve cervical ROM | Cervical | Pending | 2 Weeks |
| Demonstrate improved postural awareness | Cervical | Met | 2 Weeks |

| *Long Term Goals* | *Body Part* | *Status* | *Time Frame* |
|---|---|---|---|
| Cervical motion WFL to perform functional activities | Cervical | Pending | 4 Weeks |
| Return to work without pain | Cervical | Pending | 4 Weeks |

## *Plan*

We will see the patient 3 times a week for 3 weeks. The treatment plan may consist of the following:

- Hot Pack / Cold Pack
- Ultrasound
- Manual Therapy
- Therapeutic Exercise
- Massage

The plan is to continue treatment as prescribed.

If you have any questions or concerns regarding the treatment program for Ralph please feel free to contact us. We will keep you informed of his progress. Thank you for this referral.

Regards,

Electronically Signed By
Jamie Vallone, PT
Lic: 40QA01055500

FROM : A-Z VIDEO FAX NO. : 7322704287 Jul. 21 2009 02:44PM P1

# FAX

To: Sherry Terry
Fax: 518-880-6610

# of pages including cover sheet 3
Date: 07/21/09

From: Ralph Van Deventer
Phone: [redacted]
Cell [redacted]

Re: Case # 74518

Dear Sherry,

As mentioned in my earlier fax dated today, attached is a copy of my procedure on 07/17/09 at the pain management office for my 2nd round of facet blocking epidoral shots. This entailed 4 shots as outlined. To date I have had 11 injections.

If there are any questions or you need anything else, please let me know. You can contact me at the above phone numbers. Thank you.

Sincerely,

cc: W. Wilkinson

received on 7/21/2009 1:55:05 PM [Eastern Daylight Time]

THE PAIN INSTITUTE OF NEW JERSEY
254 Brick Boulevard Suite 2
Brick, NJ 08724
TEL: (732) 477-4242 FAX: (732) 477-4368

*OPERATIVE REPORT*

**PATIENT NAME:** Ralph Vandeventer
**DATE OF OPERATION:** July 17, 2009

**SURGEON:** Carmen M. Quinones, MD

**PREOPERATIVE DIAGNOSIS:** Lumbar facet joint syndrome; Lumbar degenerative disc disease

**POSTOPERATIVE DIAGNOSIS:** Same

**OPERATION:** Right L2, L3,4 Medial branch, L5 dorsal ramus #2

**ANESTHESIA:** local anesthetic

**BLOOD LOSS:** None

**DESCRIPTION OF PROCEDURE:**
**Method of Surgery:** The patient signed an informed consent form in the pre-op area after all risks and complications were explained and all questions were answered. Vital signs were monitor thought out procedure. The patient was prepped and draped in a sterile fashion in the prone position. The patient's lumbar spine was surveyed under fluoroscopic visualization and appropriate bony landmarks were identified.

**Right L2 Medial Branch Block:** After appropriate local anesthesia with 1% Lidocaine without epinephrine via a 27G 1.5 inch needle, a 22 gauge 3.5 inch spinal needle was inserted down to the superior junction of the Right L3 transverse process. After a negative aspirate for blood or CSF, 0.5cc of Lidocaine 2% without epinephrine was injected performing a Right L2 medial branch block. After performing this block, the needle was withdrawn leaving a trail of 1% Lidocaine in its wake.

**Right L3 Medial Branch Block:** After appropriate local anesthesia with 1% Lidocaine without epinephrine via a 27G 1.5 inch needle, a 22 gauge 3.5 inch spinal needle was inserted down to the superior junction of the Right L4 transverse process. After a negative aspirate for blood or CSF, 0.5cc of Lidocaine 2% without epinephrine was injected performing a Right L3 medial branch block. After performing this block, the needle was withdrawn leaving a trail of 1% Lidocaine in its wake.

**Right L4 Medial Branch Block:** After appropriate local anesthesia with 1% Lidocaine without epinephrine via a 27G 1.5 inch needle, a 22 gauge 3.5 inch spinal needle was inserted down to the superior junction of the Right L5 transverse process. After a negative aspirate for blood or CSF, 0.5 cc of Lidocaine 2% without epinephrine was injected performing a Right L4 medial branch block. After performing this block, the needle was withdrawn leaving a trail of 1% Lidocaine in its wake.

**Right L5 Dorsal Ramus Block:** After appropriate local anesthesia with 1% Lidocaine without epinephrine via a 27G 1.5 inch needle, a 22G 3.5 inch spinal needle was placed in a similar trajectory down to the superior junction of the Right S1 superior articular process and the sacral ala to block the Right L5 dorsal ramus. After a negative aspirate for blood or CSF, 0.5 cc of Lidocaine 2% without epinephrine was injected performing a Right L5 dorsal ramus block. After performing this block, the needle was withdrawn leaving a trail of 1% Lidocaine in its wake.

THE PAIN INSTITUTE OF NEW JERSEY
254 Brick Boulevard Suite 2
Brick, NJ 08724
TEL: (732) 477-4242 FAX: (732) 477-4368

# OPERATIVE REPORT

**PATIENT NAME:** Ralph Vandeventer
**DATE OF OPERATION:** July 17, 2009

**Complications:** None

**Disposition:**
1. The patient was discharged to the recovery area in good condition
2. Call for concerns and/or questions; see discharge instructions
3. Ice to injection sites prn
4. Follow up in two weeks for possible 2nd injection

Carmen M. Quinones, MD
Diplomate of Physical Medicine and Rehabilitation
Interventional Pain Management

CMQ/vp (dictated but not read)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ralph Van Deventer Jr

[redacted]

6/25/09

2. Article Number (Transfer from service label) 91 7108 2133 3935 9249 1299

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Ralph Van Deventer ☐ Agent ☐ Addressee

B. Received by (Printed Name) Ralph Van Deventer C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Confidential
Admin Rec. 00393

ReedGroup
15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12061

July 14, 2009

Dr. Lawrence I. Barr
300 Water Street
Toms River, NJ 08753

**RE: Ralph Van Deventer**
**DOB: 11/19/1958**

Dear Dr. Barr:

Thank you for agreeing to perform an Independent Medical Examination on the above employee of Johnson & Johnson on Wednesday, July 29, 2009 at 10:00am. The purpose of the IME is to provide an independent, impartial and objective evaluation of the individual. **Please note that no tests or diagnostic studies are to be performed without prior authorization from Reed Group or Exam Coordinators Network.**

Mr. Van Deventer has been losing time from work primarily due to diagnoses of 721.3 Lumbosacral Spondylosis without Myelopathy; Arthritis; Osteoarthritis; Spondylarthritis, 847.2 Sprains and Strains of Other and Unspecified Parts of Back, Lumbar Spine, and 727.06 Tenosynovitis of Foot and Ankle since 9/8/2008, 300.4 Dysthymic Disorder; Anxiety Depression, Depression with Anxiety, Depressive Reaction, Neurotic Depressive State, Reactive Depression since 9/17/2008, 722.5 Degeneration of Thoracic or Lumbar Intervertebral Disc since 11/13/2008, and 722.0 Cervical Intervertebral Disc Displacement without Myelopathy; Neuritis (Brachial) or Radiculitis Due to Displacement of Cervical Intervertebral Disc, and 721.1 Cervical Spondylosis with Myelopathy; Anterior Spinal Artery Compression Syndrome; Spondylogenic Compression of Cervical Spinal Cord; Vertebral Artery Compression Syndrome since 6/17/2009. Mr. Van Deventer continues to apply for disability benefits for issues related to the aforementioned diagnoses. The employee alleges continued symptomatology that prevents him from performing the essential functions of his job. Based on plan provisions, Mr. Van Deventer needs to demonstrate disability from his position as a Senior Compliance Analyst. In order to evaluate the employee's eligibility for continued disability benefits the following issues need to be clarified. My specific questions are:

1. What is the current condition? Please review the report of Functional Capacity Evaluation performed on 7/23/2009. Do you concur? Please address.

2. Is the patient's condition preventing him from functioning in his current job position?

3. If he is capable of performing his current job, what specific functions of the job is he capable of, and what specific functions of the job is he not capable of?

4. Is the patient capable of working for 8 hours per day?

5. Do you agree with the treatment to date? If further treatment is recommended, what further treatment would you recommend and how long do you feel treatment should be provided?

Thank you again for your assistance in this matter. Please send your report to my attention at Reed Group, 15 Tech Valley, 2nd Floor, Suite 3, East Greenbush, New York 12061 and/or fax the same to me at (518) 880-6610.

Thank you,

Reed Group

Confidential
Admin Rec. 00394

ReedGroup
15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12061

July 14, 2009

[redacted]

Dear Mr. Van Deventer:

Your case was referred to case management on 9/9/2008.

An Independent Medical Examination (IME) has been scheduled for you on: Wednesday, July 29, 2009 at 10:00am with Dr. Lawrence I. Barr. Dr. Barr's office is located at:

**300 Water Street**
**Toms River, NJ 08753**

For directions to his office you may call (856) 616-2999.

**You will need to bring all X-ray and/or MRI films to this evaluation. You will need to request these from your physician.** This is necessary for the physician to properly evaluate you.

Please be aware your failure to attend, put forth reasonable effort or otherwise fully cooperate in this evaluation will result in the termination of your disability benefits as well as any other benefit programs you may be eligible for through Johnson & Johnson.

Please contact me at (866) 829-8861 (Toll Free) with any questions or comments.

Thank you,

Reed Group

ReedGroup
15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12061

July 10, 2009

Mr. Charles Filippone
Cooper Rehab & Sports Therapy
315 Route 35 North
Red Bank, NJ 07701

**Re: Ralph R Van Deventer Jr**
**DOB: 11/19/1958**

Dear Mr. Filippone:

Thank you for agreeing to perform a Functional Capacity Evaluation on the above employee of Johnson & Johnson on Thursday July 23, 2009 at 12:00pm.

Mr. Van Deventer Jr has been losing time from work primarily due to a diagnosis of 722.5 Degeneration of Thoracic or Lumbar Intervertebral Disc, Displacement, Cervical Intervertebral Disc Displacement Without Myelopathy, Cervical Spondylosis with Myelopathy , Cervical Disc Degeneration, since 09/08/2008. He alleges continued symptomotology that prevents him from performing the essential functions of his job. Based on plan provisions, Mr. Van Deventer Jr needs to demonstrate disability from his position as a Senior Compliance Analyst. I have enclosed a job description and analysis for your review. I am requesting that you address specific attention to the ability of the upper extremities.

If the findings indicate that the employee can perform sedentary work, please confirm he can work an eight (8) hour day.

Thank you again for your assistance in this matter. Please send your report to my attention at Reed Group 15 Tech Valley, 2nd Floor, Suite 3, East Greenbush, New York 12061 and /or fax the same to me at (518) 880-6610.

Thank you,

Reed Group

ReedGroup
15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12061

July 10, 2009

Mr. Ralph Van Deventer Jr
[redacted]

Dear Mr. Van Deventer Jr,

Your case was referred to case management on 9/8/2008.

A Functional Capacity Evaluation (FCE) has been scheduled for you on Thursday July 23, 2009 at 12:00pm. The name of the facility is called Cooper Rehab & Sports Therapy and you will be evaluated by therapist, Charles Filippone. The office is located at:

Cooper Rehab & Sports Therapy
315 Route 35 North
Red Bank, NJ 07701

For directions to his office you may call (732) 741-5085.

Please be advised that this evaluation will take approximately 3-4 hours and that your failure to attend, put forth reasonable effort or otherwise fully cooperate in this evaluation will result in the termination of your disability benefits as well as any other benefit programs you may be eligible for through Johnson & Johnson.

Please contact me at (866) 829-8861 (Toll Free) with any questions or comments

Thank you,

Reed Group

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Admin Rec. 00397

ReedGroup
15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12061

June 25, 2009

Ralph R Van Deventer Jr
[redacted]

Case #: 74518
WWID#: 10900

Dear Ralph Van Deventer Jr:

We have received medical information from you or your representative and cannot determine whether or not this information was submitted as part of an appeal of your Long Term Disability benefit denial.

If you intend to submit a formal appeal request, you must submit a letter stating you want to appeal the denial of your Long Term Disability benefits. Your request for an appeal must be in writing and be submitted no later than 180 days from the date you received the LTD denial letter, as outlined in your denial letter. Any correspondence received after this date will not be reviewed and your appeal will not be considered.

You may fax your request to us at 303-247-1863 or mail your request to the address listed below:

Reed Group
ATTN: Appeals Department
10155 Westmoor Drive
Suite 210
Westminster, CO 80021

If you have any questions or need additional information, please contact Reed Group at 866-829-8861. Thank you for your attention to this matter of mutual concern.

Thank you,

Natalie Madrid
Reed Group

[redacted]
Ralph R Van Deventer Jr

FedEx
[redacted]
Tech Valley
2nd Floor, Suite
East Greenbush, New York 12061

9171 7108 2133 3935 9249 1299

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Admin Rec. 00399

FROM : A-Z VIDEO FAX NO. : 7322704287 Jun. 24 2009 12:38PM P1

06/24/09

To. Sherry Terry
Fax: 518-880-6610

# of pages including Cover sheet: 4

From: Ralph VanDeventer
Home: [redacted]
Cell: [redacted]

re: Case # 74518

Sherry,

~~Enclosed is a copy of the procedure I had today (my 4th~~ epidoral, which included 4 shots in this visit). I am home today and probably tomorrow depending on how I ~~feel throughout today into tomorrow~~. In the past I only received One injection per visit — today was different because I received four injections in L2-L5. Please add this to my file. If you have any questions, please call me at the phone #s above. Thank you for all your attention you are putting forth on this. I appreciate it greatly.

Sincerly

Ralph VanDeventer

received on 6/24/2009 11:49:57 AM [Eastern Daylight Time]

THE PAIN INSTITUTE OF NEW JERSEY
254 Brick Boulevard Suite 2
Brick, NJ 08724
TEL: (732) 477-4242 FAX: (732) 477-4368

*OPERATIVE REPORT*

**PATIENT NAME:** Ralph Vandeventer
**DATE OF OPERATION:** June 24, 2009

**SURGEON:** Carmen M. Quinones, MD

**PREOPERATIVE DIAGNOSIS:** Lumbar facet joint syndrome; Lumbar degenerative disc disease

**POSTOPERATIVE DIAGNOSIS:** Same

**OPERATION:** Right L2, L3,4 Medial branch, L5 dorsal ramus #1

**ANESTHESIA:** local anesthetic

**BLOOD LOSS:** None

**DESCRIPTION OF PROCEDURE:**
**Method of Surgery:** The patient signed an informed consent form in the pre-op area after all risks and complications were explained and all questions were answered. Vital signs were monitor thought out procedure. The patient was prepped and draped in a sterile fashion in the prone position. The patient's lumbar spine was surveyed under fluoroscopic visualization and appropriate bony landmarks were identified.

**Right L2 Medial Branch Block:** After appropriate local anesthesia with 1% Lidocaine without epinephrine via a 27G 1.5 inch needle, a 22 gauge 3.5 inch spinal needle was inserted down to the superior junction of the Right L3 transverse process. After a negative aspirate for blood or CSF, 0.5cc of Lidocaine 2% without epinephrine was injected performing a Right L2 medial branch block. After performing this block, the needle was withdrawn leaving a trail of 1% Lidocaine in its wake.

**Right L3 Medial Branch Block:** After appropriate local anesthesia with 1% Lidocaine without epinephrine via a 27G 1.5 inch needle, a 22 gauge 3.5 inch spinal needle was inserted down to the superior junction of the Right L4 transverse process. After a negative aspirate for blood or CSF, 0.5cc of Lidocaine 2% without epinephrine was injected performing a Right L3 medial branch block. After performing this block, the needle was withdrawn leaving a trail of 1% Lidocaine in its wake.

**Right L4 Medial Branch Block:** After appropriate local anesthesia with 1% Lidocaine without epinephrine via a 27G 1.5 inch needle, a 22 gauge 3.5 inch spinal needle was inserted down to the superior junction of the Right L5 transverse process. After a negative aspirate for blood or CSF, 0.5 cc of Lidocaine 2% without epinephrine was injected performing a Right L4 medial branch block. After performing this block, the needle was withdrawn leaving a trail of 1% Lidocaine in its wake.

**Right L5 Dorsal Ramus Block:** After appropriate local anesthesia with 1% Lidocaine without epinephrine via a 27G 1.5 inch needle, a 22G 3.5 inch spinal needle was placed in a similar trajectory down to the superior junction of the Right S1 superior articular process and the sacral ala to block the Right L5 dorsal ramus. After a negative aspirate for blood or CSF, 0.5 cc of Lidocaine 2% without epinephrine was injected performing a Right L5 dorsal ramus block. After performing this block, the needle was withdrawn leaving a trail of 1% Lidocaine in its wake.

THE PAIN INSTITUTE OF NEW JERSEY
254 Brick Boulevard Suite 3
Brick, NJ 08724
TEL: (732) 477-4242 FAX: (732) 477-4368

*OPERATIVE REPORT*

PATIENT NAME: Ralph Vandeventer
DATE OF OPERATION: June 24, 2009

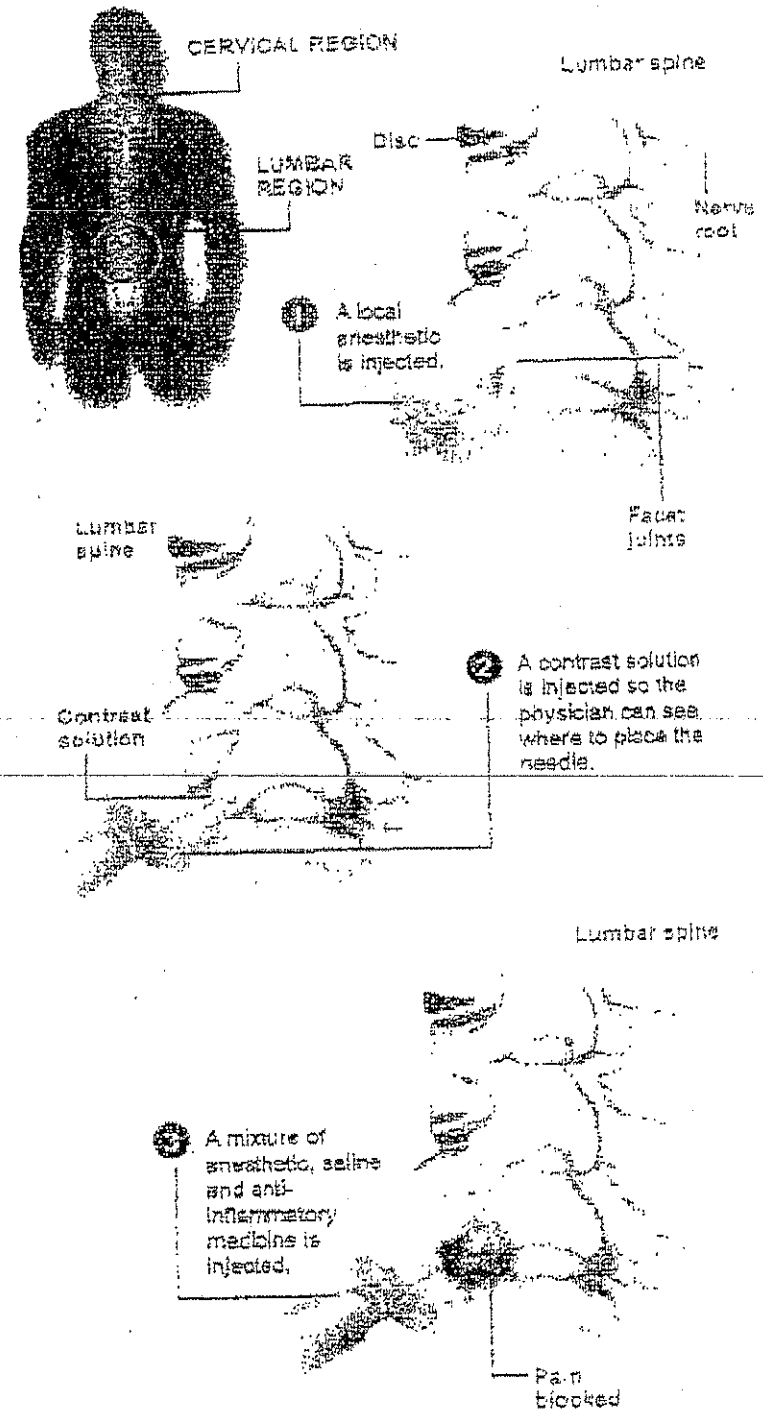
Complications: None

Disposition:
1. The patient was discharged to the recovery area in good condition
2. Call for concerns and/or questions; see discharge instructions
3. Ice to injection sites prn
4. Follow up in two weeks for possible 2nd injection

Carmen M. Quinones, MD
Diplomate of Physical Medicine and Rehabilitation
Interventional Pain Management

CMQ/vp (dictated but not read)

# Facet Joint Block Injection




Each vertebra in the spine is connected by two facet joints – one on each side of the spine. For back or neck pain believed to originate in these joints, a facet joint block can be both diagnostic and therapeutic. This injection can confirm whether the facet joints are indeed the source of pain and can help relieve the pain and inflammation.

**STEP 1**
A small area of skin is numbed with a local anesthetic injection.

**STEP 2**
Guided by fluoroscopic x-ray, a needle is placed into the facet joint. The correct placement of the needle is confirmed by injecting contrast dye into the joint.

**STEP 3**
A combination of a numbing anesthetic and an anti-inflammatory steroid medication is delivered to the joint through a thin needle. Depending on the location of pain, one or more injections may be given. If the pain subsides after the injection, this suggests that the facet joint(s) injected were the cause of pain.

**END OF PROCEDURE**
Back or neck pain may disappear immediately after a successful block. However, once the numbing effect of the anesthetic wears off, pain may return. It usually takes 5 to 10 days for the steroid medication to reduce inflammation and alleviate pain. Effects may last several days or several months. Up to three injections may be given per year.

**Pain Institute of New Jersey**
264 Brick Blvd., Suite 2, Brick New Jersey 08724 (732) 477-4242
**CARMEN M. QUINONES, MD, FAAPMR**

FROM : A-Z VIDEO FAX NO. : 7322704287 Jun. 12 2009 05:38PM P1

# FAX

To: Sherry Terry
Fax: 518-880-6610

# of pages including cover sheet 9
Date: 6/12/09

From: Ralph Van Deventer
Phone: [redacted]

Re: Case # 74518

Dear Sherry,
Please find in this fax copies of:

1. Orthopedic surgeon's note for LTD.
2. Orthopedic notes from scheduled appointments - 4 in total from the time my STD ended.
3. Cervical MRI report.
4. Psychiatrist's report.

I have also begun physical therapy this week, which they will update my surgeon on it's progress. On my doctor's appointment on 4/28/09 he gave me exercises/streches to do at home. So far to date there has been no improvement. Physical therapy has also given me similar exercises/stretches to do, which I complete at home with no improvement. This is the same scenario that has happened with my lower back. As you recall, physical therapy did not improve the condition of my back, even after several months of treatment.

Please include this with the documents that I faxed on 6/5/09 to your office, which included:

1. Copy of my cervical MRI report.
2. Doctor's script for cervical physical therapy.
3. My self evaluation letter and experience.

I will call to make sure you receive this and to discuss next steps.

Sincerely,

Ralph Van Deventer

received on 6/12/2009 4:49:11 PM [Eastern Daylight Time]

IRVING D. STROUSE, M.D., P.A.
DIPLOMATE AMERICAN BOARD OF ORTHOPEDIC SURGERY
279 THIRD AVENUE, SUITE 504
LONG BRANCH, N.J. 07740
TELEPHONE 732-229-4333
FAX 732-571-1957

June 11, 2009

To Whom It May Concern:

Ralph Vandeventer is under my care for cervical disc degeneration and herniation in both the cervical and lumbar spine. He also underwent arthroscopic surgery of his right knee in June 2005 and has been treated for Achilles tendinitis of his left heel.

Please be advised because of all of these medical conditions, I consider him to be a candidate for long term disability.

Very truly yours,

Irving D. Strouse, M.D.

IDS:pb

RALPH VANDEVENTER

DOB [redacted]

3-27-09

HISTORY: Patient's Achilles continues to improve. The swelling is slowly resolving. There is still a slight nodule present, but it is not tender. He has good strength. For the back, he has had 3 epidural blocks, which he feels did not help him much. His physical therapy has been completed, and he is continuing with a home exercise program. He has to return to work four hours a day, but will be returning next month to full time, although he may be able to do some work at home.

PLAN: Continue home exercise program.

RETURN: 1 month

IDS:pb

RALPH VANDEVENTER

DOB [redacted]

4-28-09

HISTORY: Patient is back to work full time. He has developed, however, neck pain. There is no specific radiation into the arms. Neck pain is present on a daily basis. He has difficulty when he turns his neck.

PHYSICAL EXAMINATION: Physical examination reveals pain at the extremes of motion, although is motions are full. There is no localizing neurologic finding in the upper extremities.

RADIOLOGY: X-ray of cervical spine shows degenerative disc disease C5-6 and C6-7.

DIAGNOSIS: Degenerative disc disease cervical spine.

PLAN: Home exercises and possibly physical therapy.

RETURN: 2 weeks

IDS:pb

RALPH VANDEVENTER

DOB [redacted]

5-12-09

HISTORY: Patie it is still having significant difficulty with his neck. I found no neurologic deficits. He still has some pain at the extremes of motion.

PLAN: Start physical therapy to neck.

RETURN: 3 weeks

ID5:pb

RALPH VANDEVENTER

DOB [redacted]

5-29-09

**HISTORY:** Patient did have an MRI of his cervical spine performed on May 22, 2009. At C3-4, there was mild diffuse disc bulge with osteophytic ridge, some mild central canal foraminal stenosis. At C4-5, mild moderate diffuse disc bulge with osteophytic ridge resulting in mild central canal and moderate left greater than right foraminal stenosis. There is mild cord compression without an intrinsic cord signal alteration. At C5-6, there was mild disc bulge with small central disc herniation. There was right sided osteophytic ridge, mild central canal stenosis with effacement of the ventral subarachnoid space. No cord compression. Mild right foraminal stenosis. At C6-7, mild diffuse disc bulge with osteophytic ridge resulting in mild moderate bilateral foraminal stenosis. At C7-T1, mild diffuse disc bulge with osteophytic ridge resulting in mild central canal and foraminal stenosis. The impression was multilevel cervical spondylosis, most notable in the upper cervical spine at C4-5, which resulted in mild cord compression without intrinsic cord signal alteration.

**PHYSICAL EXAMINATION:** Today there are negative Babinski signs. No sign of any weakness or numbness in the upper or lower extremities. Reflexes are _____.

**PLAN:** Patient will start physical therapy. He is having problems at work. We will have to work this out. There is no change in his neurologic status.

IDS:pb

Advanced Medical Imaging of Toms River

1430 Hooper Ave
Toms River, NJ 08753
(732) 349-2857

DEBORAH DAMISCOLI M.D.
1314 HOOPER AVE

TOMS RIVER, NJ 08753-

Patient Name: RALPH VANDSVEETER
DOB: [redacted] MRN: 137273 ES#: E-0004E6581

| | | | |
|---|---|---|---|
| Exam Completed: | May 22, 2009 16:22:00 | | |
| Dictated by: | GABRIEL F VAWER D.O. | Dictated Date: | May 26, 2009 10:13:50 |
| Approved Date: | May 26, 2009 13:51:43 | Print Date/Time: | May 27, 2009 15:30:33 |

Exam(s):
CERVICAL SPINE OVATION (35 MM)

HISTORY: NECK PAIN FOR THREE WEEKS. RIGHT-SIDED HEADACHES.

PRIOR EXAM: NONE.

TECHNIQUE: Sagittal T1 FLAIR and T2 FSE; axial 3D FIESTA (balanced SSFP) and/or 3D GRE.

FINDINGS:

There is normal curvature of the cervical spine. There is grade 1 anterolisthesis of C7 on T1. There is no compression fracture. The craniocervical junction is intact.

Evaluation of the individual levels demonstrates:

C2-C3: There is no disc herniation, central canal or foraminal stenosis.
C3-C4: A mild diffuse disc bulge with osteophytic ridge results in mild central canal and foraminal stenosis.
C4-C5: A mild-moderate diffuse disc bulge with osteophytic ridge results in mild central canal and moderate left greater than right foraminal stenosis. There is mild cord compression without intrinsic cord signal alteration.
C5-C6: There is a mild disc bulge with a small central disc herniation. There is right-sided osteophytic ridge. There is mild central canal stenosis with effacement of the ventral subarachnoid space. There is no cord compression. There is mild right foraminal stenosis.
C6-C7: There is a mild diffuse disc bulge with osteophytic ridge resulting in mild-moderate bilateral foraminal stenosis.
C7-T1: A mild diffuse disc bulge with osteophytic ridge results in mild central canal and foraminal stenosis.
T1-T2: There is no disc herniation, central canal or foraminal stenosis.

No paravertebral masses are identified.

IMPRESSION:
MULTI-LEVEL CERVICAL SPONDYLOSIS, MOST NOTABLE IN THE UPPER CERVICAL SPINE AT C4-C5, WHICH RESULTS IN MILD CORD COMPRESSION WITHOUT INTRINSIC CORD SIGNAL ALTERATION.

THANK YOU FOR THE COURTESY OF THIS REFERRAL.

A.I. of Toms River
1430 Hooper Ave
Suite 102
Toms River, NJ 08753
(732) 349-2887

## RADIOLOGY CONSULTATION REPORT (CONT)

DEBORAH GAMISOOLI M.D.
1314 HOOPER AVE

TOMS RIVER, NJ 08753-

Patient Name: RALPH VANDEVENTER
DOB: [redacted] MRN: 37273 Eff: E-00496591

| | | | |
|---|---|---|---|
| Exam Completed: | May 22, 2009 16:22:00 | | |
| Dictated by: | GABRIEL PIVAWER D.O. | Dictated Date: | May 26, 2009 10:13:50 |
| Approved Date: | May 26, 2009 15:51:43 | Print Date/Time: | May 27, 2009 15:30:23 |

Dictated by: GABRIEL PIVAWER D.O.
Electronically signed by: GABRIEL PIVAWER D.O.
*Transcriptionist: SHEISER*
*Transcribed Dt/Time: 05/26/09 10:11*

Transcribed: SHEISER
Transcription Date/Time: May 26, 2009 10:51:59

BRICK PSYCHIATRIC SERVICES, INC.
ZULFIQAR A. RAJPUT, MD
Board Certified Psychiatrist
1541 Route 88 West, Suite J
Bricktown, NJ 08724
732-202-0622
(Fax) 732-202-0620

Re: Ralph Van Daventer

To whom this may concern,

Ralph has been a patient in this office since 9/17/2008. He is suffering from depression and anxiety. At this time he is not responding well to medication. He will continue to keep regular appointments. If there are any further questions, please do not hesitate to contact this office.

Sincerely,

Zulfiqar A. Rajput

ZAR/tb

# fax

Johnson & Johnson

*Subject:* Case# 74518 *# of pages in fax including cover sheet:* 9

*cc:*

*Date:* June 5, 2009

*To:* Sherry Terry *Phone Number:* 7322-881-0506

*Phone Number:* 866-829-8861 x1202 *Fax Number:* 732-270-4287

*Fax Number:* 518-880-6610 , 518-283-8517 (Gmail)

*From:* Ralph Van Deventer

*Comments:* Dear Sherry,

Please find in this facsimile:

- copies of my cervical MRI report
- the doctor's script for Physical Therapy for cervical treatment
- my detailed letter of condition and experience

I will forward onto you, hopefully Monday/Tuesday, my orthopedic surgeon's office notes for visits since March and his note to put me out of work. He is not in today or you would have it already. Also, I will have an initial cervical evaluation appointment on Monday with the physical therapist. That information will follow. Please set aside some time to review my detailed letter that describes my condition and experiences while on STD and now at work. I will call to ensure that you have received these and discuss.

Sincerely,

Ralph Van Deventer

Advanced Medical Imaging of Toms River

1430 Hooper Ave
Toms River, NJ 08753
(732) 349-2867

DEBORAH CAMISCOLI M.D.
1314 HOOPER AVE

TOMS RIVER, NJ 08753-

Patient Name: RALPH VANDEVENTER
DOB [redacted] MRN: 237273 E#: E-00496581
Exam Completed: May 22, 2009 16:22:00

| | | | |
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| Dictated by: | GABRIEL PIVAWER D.O. | Dictated Date: | May 26, 2009 10:13:50 |
| Approved Date: | May 26, 2009 13:51:43 | Print Date/Time: | May 27, 2009 15:30:33 |

Exam(s):
CERVICAL SPINE OVATION .35 MRI

HISTORY: NECK PAIN FOR THREE WEEKS. RIGHT-SIDED HEADACHES.

PRIOR EXAM: NONE.

TECHNIQUE: Sagittal T1 FLAIR and T2 FSE; axial 3D FIESTA (balanced SSFP) and/or 3D GRE.

FINDINGS:

There is normal curvature of the cervical spine. There is grade 1 anterolisthesis of C7 on T1. There is no compression fracture. The cervicomedullary junction is intact.

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C2-C3: There is no disc herniation, central canal or foraminal stenosis.
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IMPRESSION:
MULTI-LEVEL CERVICAL SPONDYLOSIS, MOST NOTABLE IN THE UPPER CERVICAL SPINE AT C4-C5, WHICH RESULTS IN MILD CORD COMPRESSION WITHOUT INTRINSIC CORD SIGNAL ALTERATION.

THANK YOU FOR THE COURTESY OF THIS REFERRAL.

AMI of Toms River
1430 Hooper Ave
Suite 102
Toms River, NJ 08753
(732) 349-2867

## RADIOLOGY CONSULTATION REPORT (CONT)

DEBORAH CAMISCOLI M.D.
1314 HOOPER AVE

TOMS RIVER, NJ 08753-

Patient Name: RALPH VANDEVENTER
DOB: [redacted] MRN: 237273 E#: E-00496581

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*Transcriptionist: SHEISER*
*Transcribed Dt/Time: 05/26/09 10:51*

Transcriber: SHEISER
Transcription Date/Time: May 26, 2009 10:51:59

IRVING D. STROUSE, M.D., P.A.

ORTHOPEDIC SURGERY

DATE 1/29/09

SUITE 504
279 THIRD AVENUE
LONG BRANCH, NJ 07740
(732) 229-4333

PATIENT: Ralph Vandeventer

DIAGNOSIS: Clinical deg disk
disease

RX: 3 TIMES PER WEEK FOR: 3

RETURN TO DR: _____

[ ] EVALUATE
[ ] SET UP THERAPY PROGRAM
[ ] CONTINUE
[ ] CHANGE _____

[ ] BACK [ ] NECK [ ] HIP [ ] KNEE [ ] ANKLE
[ ] FOOT [ ] ELBOW [ ] WRIST [ ] HAND [ ] RIBS
[ ] SHOULDER [ ] OTHER

IRVING D. STROUSE, M.D.

# fax

Johnson & Johnson

*Subject:* Case# 74518 *# of pages in fax including cover sheet: 9*

*cc:*

*Date:* June 5, 2009

*To:* Sherry Terry *Phone Number:* 7322-881-0506

*Phone Number:* 866-829-8861 x1202 *Fax Number:* 732-270-4287

*Fax Number:* 518-880-6610 , 518-283-8517 (General)

*From:* Ralph Van Deventer

*Comments:* Dear Sherry,

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Sincerely,

Ralph Van Deventer

Advanced Medical Imaging of Toms River

1430 Hooper Ave
Toms River, NJ 08753
(732) 349-2867

DEBORAH CAMISCOLI M.D.
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CERVICAL SPINE OVATION .35 MRI

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THANK YOU FOR THE COURTESY OF THIS REFERRAL.

received on 6/5/2009 11:56:26 AM [Eastern Daylight Time]

AMI of Toms River
1430 Hooper Ave
Suite 102
Toms River, NJ 08753
(732) 349-2867

## RADIOLOGY CONSULTATION REPORT (CONT)

DEBORAH CAMISCOLI M.D.
1314 HOOPER AVE

TOMS RIVER, NJ 08753-

Patient Name: RALPH VANDEVENTER
DOB: [redacted] MRN: 237273 E#: E-00496581

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| Exam Completed: | May 22, 2009 16:22:00 | | |
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IRVING D. STROUSE, M.D., P.A.
ORTHOPEDIC SURGERY
SUITE 504
279 THIRD AVENUE
LONG BRANCH, NJ 07740
(732) 229-4333

DATE 4/29/09

PATIENT: Ralph Haudeventre

DIAGNOSIS: Cervical deg disk
deg knee

RX: 3 TIMES PER WEEK FOR: 3

RETURN TO DR:

[ ] EVALUATE
[ ] SET UP THERAPY PROGRAM
[ ] CONTINUE
[ ] CHANGE

[ ] BACK [ ] NECK [ ] HIP [ ] KNEE [ ] ANKLE
[ ] FOOT [ ] ELBOW [ ] WRIST [ ] HAND [ ] RIBS
[ ] SHOULDER [ ] OTHER

IRVING D. STROUSE, M.D.

June 3, 2009

To: Sherry Terry
15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12061

From: Ralph Van Deventer
[redacted]
Home
Cell
Fax

Re: Case # 74518
WWID # 10900

Dear Sherry,

This letter is in response to our telephone conversation June 3, 2009 regarding my LTD status, your recommendations of next steps and clearer understanding of this unusual case. After our discussion, you asked me to write to you explaining my experience with the Reed Group, the medical reasons that placed me on disability and what has transpired during the past two months upon returning to work.

My experience with the Reed Group and in particular, Christina Teta has been professional and thorough. She had been understanding and receptive to all my updates; we practically spoke on a weekly basis and medical documentation was continually faxed to her attention. Whatever she asked for or instructed me to do, I did. She knew my case well, was courteous and always responded to my voice mails.

The reason for going on STD was twofold. My left achilles and my back problems made it impossible to do anything, let alone work. You have all the data and can tell that during the six months of seeing my orthopedic surgeon, physical therapy and pain management doctors, that my back has not responded to treatment. To this day I must endure pain in my back and sciatic.

When it was apparent that my back was not getting any better, I inquired about the LTD process. I was informed that an application would be mailed to me, but it arrived late. When it was completed and faxed/mailed to the Reed Group, your organization required 45 days to review it and make a decision. This review period would have put me past the STD deadline and placed me in a precarious position. I confirmed with Christina that according to policy, that once STD ends and I do not return to work, that I was terminated as an employee. I requested of Christina to see if this review could be

expedited before my STD ends because, being the sole income for my family (wife and 4 children, 3 which are special needs), that I could not afford to not have an income or health benefits. Taking a chance on the decision process was a huge gamble for me given all who depend on me - with no guarantee of approval. This presented a real risk of no income, no benefits for my family, still sick with no way to pay for medical treatment and the futile thought of having to work sick elsewhere after 20 years with J&J, contributing to the Plan for such an occasion as this.

Christina agreed to relay this request to you and shortly thereafter called me and regretfully said that she was informed by you that I was denied LTD based on the Independent Medical Evaluation (IME). As you know, I had responded extensively to the IME report because there were many errors and mix-ups in it and it did not convey a true picture of my condition. I said to Christina that I could not believe that the LTD decision was based on an inaccurate 45 minute examination that trumped all the months of treatment by the doctors mentioned above. She told me and my wife that she was sorry and shocked, as we were that it turned out this way. I said to her that since I was denied and there is no time to appeal before my STD ends, that I had no choice in the matter but to crawl back to work, if necessary, and suffer for the benefit of my family. She then began the process of returning to work.

It was arranged that I would return to work for 4 hours per day for a month. After that it would transition to full time. I returned to work under duress, forced, due to the LTD denial. Upon interview with the nurse and doctor at work, due to my obvious condition, they asked why I was not on LTD, in which I replied, that I was denied due to the IME. They were perplexed. As anticipated, I worked with much pain during the part time which then increased when required to work full time. I requested of management to modify my work schedule, a mixture of working at the office and home in an effort to alleviate some of the pain. I was asked to get a doctor's note to this effect, which I did, and when I presented it, the request was rejected, fearing everybody in the department would make the same request. Yet, none of those employes are or were at that time injured of ill.

After a couple weeks on the full time schedule, while working at my computer, I experienced a pain in my neck, which made it stiffen. The right side of my head began to hurt like a very bad headache. I never had this happen to me before, even when I was on STD. I was examined by the nurse and doctor at work and was returned to complete the day's work. This pain in my neck and head has remained constant since then. I was examined by my orthopedic surgeon and x-rayed. He stated that I had a degenerated condition. He prescribed physical therapy, but I wanted to get an MRI done before anybody touched my neck. This was advised by my physical therapist and primary care physician. My MRI report showed multiple disk problems (bulges, stenosis and spinal cord compression)in all but one disk. I can hardly turn my head to either side, which makes driving to work dangerous. Opening my mouth to eat a sandwich is painful, causing pressure on my upper neck. All this, along with the never ending headache and pain in the entire length of the right side of my neck. Along with the still painful agony that plagues my back daily.

My health and life has deteriorated even more since returning to work. I hardly sleep. I have been sleeping in my reclining chair (the only thing that helps my back) Since September 2008. I have to take 800 mg Ibuprofen an hour before I leave for work and take Tylenol while at work. When I get home I have to resort to taking Mobic (anti-inflammatory), Flexural (muscle relaxer) and Percocet for pain, in conjunction with ice packs on my back and neck while sitting the remainder of the night in my reclining chair - just so that I can make it to work the next day. My wife worries constantly each day whether I will make it to work and back. My kids don't have the same father as they did a year ago. Meaning just simple play or attending any of their events. Which sadden them, they do not understand. I can do less now then when I was on STD and drastically less than a year ago. I was always very active, working since I was 14, served in the military and even built our house. I am well acquainted with pain, but this is different. I am afraid of what will happen next if something doesn't change. I am even under the care of a psychiatrist who wants me to seek out a psychologist to work through the stresses of my health, work and what the future may hold for me and my family. I have not as yet been able to do this because I am not physically able to go, it takes too much out of me after working all day. I have yet to find someone who works on Saturdays.

The reason why I give this lengthy update is for you to understand who I am and the events that I have been through not only this last year, but especially these last 2 months. Of which, the most recent events, I believe, because of the fact that I was wrongly informed of my status were completely unnecessary. By this I mean that the pain experienced by returning to work and the deterioration that has ensued. This problem with my neck, more than likely could have been avoided if I was told the truth that, in fact, I was approved for LTD. I have been perplexed, stressed and disappointed to the point of depression that I was treated like nothing was really that wrong with me and I had no recourse. That I have no control over my life, that my life and the lives of my wife and children are deemed by the powers that be know matter how sick or horrible I feel.

I would not have known this if I did not speak with Darlene Arroyo and Bill Wilkinson, who informed me that I was approved for LTD and that the IME was not considered in making this decision. This is completely opposite from what I was told by the Reed Group. As stated before I talked with Christine Teta weekly she told myself and my wife that you (Sherry) had denied me because of the IME and how sorry she was. That if I did not returned to work within the next few days I was terminated. Again, I would have and did crawl back there due to my family obligations. What would you do if you were the sole provider for you family, who would suffer if you were terminated from your job? It strikes fear and anxiety into your heart and soul. This has shocked and angered me and my family, to think that all this stress and pain could have been avoided and that my health maybe be better today if I was informed of my approval while on STD. I thought about it and wondered, why didn't my decision to return to work after six months of STD with an application in for LTD benefits (that was approved) did not seem strange to anyone in the Reed Group? You yourself would have to sign off on that am I correct?

Did it not seem odd that I fought for LTD, was approved and decided to return to work anyway? That makes no sense. Why was I not questioned. I was not informed what the rehabilitation status was all about. I thought it was an agreement between the Reed Group and J&J to ease me back into the work environment because of my so called denial. I did not know that it was and is part of LTD.

That brings me to the advice of what to do next. As stated by your colleague on June 2, 2009. If I choose to appeal and were to go back out on LTD, it would be called an LTD relapse and that I would need a doctor's note putting me out of work, doctor's progress notes, any treatment documentation and test results since I returned to work. She also stated that I may need to have one of your doctors to do another examination (IME or functional examine). All this, of course, would occur while I'm in a pending status with no job, benefits, income and no guarantee of approval. This puts me back in the same precarious situation I was in before. What would I be appealing, my previous approval? Would I have even been told of my previous approval?

After you spoke to Bill Wilkinson and we touch based you told me this was to be re-looked at as a relapse which is very rare. This is not a relapse, but a continuation of my deteriorating condition. The problem with my neck is not a new injury, it is not acute, it is chronic. I never recovered from my back. I was and still am in agony daily. This is all a part of my chronic deteriorating spinal injuries. I have worked under false pretense and have suffered both physically and mentally for it. I would be more than happy to provide the additional documentation. My new MRI, the plan for my PT, the doctors notes since my return to work, his recommendation, the Ortho Nurse who sees me for heat treatment so I am not so stiff that I can at least drive home etc.

But I ask, why must I go through the approval process or an appeal as if this is a new injury or a relapse when in fact, this is the same condition I was previously approved for LTD, just progressing? Also, what benefit would it be to have another IME when the first one was not a factor and caused me great stress? If performed, don't you think the evaluation will show that I am worse than before? I should not have to bear any of this do to the negligence of this whole nightmare. I have no problem periodically seeing your doctors to track my progression as well as sending you reports and updates from the medical professional I see on a regular basis. Yet, to make me wait to see another doctor to see if I am qualified for LTD when I already was approved, but just not informed, is adding stress and insult to my injuries. I was approved. This is the protocol you told me. Well, I ask you this, what is the protocol for telling people they are not approved yet, when in fact they are? Allowing them to go back to work rolling the dice to see if the get better or if their condition worsens?

It was left to me over the last two months going down every avenue, which was extremely frustrating adding to my distress, to finally get in touch with the right people Darlene and Bill. The shocking truth first from Darlene Arroyo and then Bill Wilkinson that I was approved was appalling to me to say the least. That I would be left to suffer for no reason? That if I never pressed this issue I would still be in the dark suffering, wondering what would become of me and my family. Do you know what kind of weight

that is to carry, not knowing if you can move the next day then to worry if I will still have a job? I have worked for J&J for twenty years, I expected better then I have been given. Both Darlene and Bill were as shocked and perplexed by this obvious tremendous error on your part as I was. Again, from my first day back the Ortho nurse and doctor, including my own physician, along with my coworkers who see me in person were dumbstruck by my condition wondering why I was not approved for long term disability. I know you must handle a lot of cases, but I am a person with a life, not a number to be judged by paper. You need to put a face on me or put yourself or your spouse in the same boat I am now in. If my tone sounds angry it is. Would you not feel the same way had this, God forbid, happened to you or your family member? I had to write this freehand and have my wife type it out. After a full day I am unable to sit once again at a desk and type for any length of time.

I fight to come to work everyday. My life was bad before, well it is worse now. As far as Ortho is concerned, this is not on me or them, it is on the Reed Group. It was unprofessional to say the least and not only devastating to me and my family, but negligent on the part of the Reed Group which has cost me so much.

If there wherever a case of extenuating circumstances, this would be it. In all actuality, because of this error, I should not be suffering here another day. Yet, I am forced to be here. You may think I must not be too bad if he is working? Well, I am barley working, I have NO choice in the matter. Everyday I pray I will get there and back. Do you know how scary that is? I have never sweated anything a day in my life. Everything rolls off my back, it always has. I have always been unshakable, but this is my livelihood, my families future depends on my actions. So I do what has to be done no matter the suffering to me. But, if I continue down this road I afraid I may not be well enough to continue, then what?

To sum this all up - the bottom line is this. Based on my new MRI results, my doctor's plan of treatment, office visit documents and a note from him stating I should be out on LTD should suffice. I should not have to be evaluated by your doctor to approve me when I am already approved. My health should not suffer one more day due to the Reed Group's doing and negligence. I should not be here another day longer, the right thing to do is to let me go out on LTD so I don't have to suffer another day longer. I was an innocent bystander who was kept in the dark. Please let me know ASAP.

Sincerely,

Ralph Van Deventer

Cc: B. Wilkinson

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ralph Van Deventer Jr

[redacted]

8753

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 4/27/09

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

REED CR RECEIVED APR 29 2009 GREENSUSH

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 2810 0001 4337 8374

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ReedGroup
15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12061

April 8, 2009

Ralph R. Van Deventer Jr.
[redacted]

Case #: 74518
WWID#: 10900

Dear Ralph Van Deventer Jr.:

We are writing to you regarding your claim for Long Term Disability (LTD) status. After a careful review of your claim, it is our decision that you are no longer eligible to receive benefits under the Johnson & Johnson LTD Plan. Your LTD status and all associated benefits will be terminated on 04/05/2009.

This decision was based on the fact that you were released to return to work full duty effective 04/06/2009 and as required by the Plan:

> *"in no event, however, shall a Participant be considered Totally Disabled for the purpose of this Plan, and no benefit under this Plan shall be payable on or after the date the Participant becomes self-employed or returns to work for pay with the Employer or any other employer, other than rehabilitation employment pursuant to Article V or work which is otherwise approved be the Plan Administrator or its authorized representative;"*

You have a right to appeal this decision. A request for an appeal must be submitted in writing and signed by you or a duly authorized representative. It must state specifically the reason why you are requesting a review and must be filed with Reed Group no later than one hundred eighty (180) days from your receipt of this notice. You must include any new facts or new medical information you consider important for the appeal. Upon request, you will be provided with copies of all documents relevant to your claim.

Reed Group's Appeal Administrator will provide you with a full and fair review of your claim and this denial decision. The review on appeal will take into account all comments, documents, records and other information submitted that relates to the claim, even if not previously submitted or not considered in the initial decision. The review on appeal will be without deference to the initial decision and it will be conducted by the Appeals Administrator, who was not involved in this initial decision.

The decision of the Appeals Administrator will be made within forty-five (45) days after the request for review is received, unless special circumstances require an extension of time for processing the review. Should an extension be required, you will be notified in writing prior to the expiration of the forty-five (45) day period. Where Reed Group seeks additional information from you, you will have forty-five (45) days to provide it. Reed Group will notify you of its decision within forty-five (45) days of the date you provide

ReedGroup
15 Tech Valley Drive
2nd Floor, Suite 3
East Greenbush, New York 12061

that information or if you fail to provide it, within forty-five (45) days of the date your period for furnishing the information expires.

A request for appeal should be submitted to:

Reed Group
ATTN: Appeals Department
10155 Westmoor Drive
Suite 210
Westminster, CO 80021

All the facts and circumstances of your case will be thoroughly reviewed, should you exercise your right to appeal the denial of your claim. If you follow the above procedures and your appeal is denied, you have the right to a second level appeal and will be advised of those instructions at that time.

If you have any questions or concerns regarding your claim, please call us at (866) 829-8861.

Thank You,

Sherry Terry
Reed Group

Cc: Corporate Benefits